

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-679)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.

	NO.		NO.		NO.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.
TOTAL	IND.	DEP.	IND.	DEP.	IND.	DEP.